

Physical Therapy Services

Definition: Physical Therapy Services are included in the MR/RD Waiver as an extension of the Physical Therapy Services included in the State Plan. In the State Plan, specified physical therapy services are only available to Medicaid recipients who are under age 21. The MR/RD Waiver removes the age restriction making the same physical therapy services available to those who are over age 21 and enrolled in the Waiver. Therefore, the MR/RD Waiver cannot provide Physical Therapy for children under the age of 21. [If a child needs additional Physical Therapy that is not being provided by their school, then authorization can be obtained from a physician for additional Physical Therapy **if** it is addressing different goals from the school **and** is being provided on different days of the week. This would be funded through State Plan Medicaid and would not be an MR/RD Waiver Service].

Physical therapy services are defined as those services which involve treatment prescribed by a physician to prevent, alleviate or compensate for movement dysfunction and related functional problems. Physical Therapy involves the use of physical agents, mechanical means and other remedial treatment to restore normal physical functioning.

Physical therapy services include:

- Evaluation - up to 2 every 12 months

- Therapy - up to 4 units daily; one unit equals 15 minutes

- Fabrication of Splints or Orthotics - up to 4 of each every 12 months

- Consultation - up to 5 every 12 months

NOTE: See the Medicaid Provider Manual for Private Rehabilitative Therapy Services for more information.

Providers: Physical Therapists Licensed in South Carolina and enrolled with SCDHHS as a Physical Therapy Service provider.

Arranging for the Services: If the recipient is having difficulty with movement, mobility or ambulation, physical therapy services evaluation may be needed. If you determine that a physical therapy evaluation is needed, you must document the difficulty the recipient is having which results in his/her need for an evaluation. The listing of enrolled providers must be shared with the recipient or his/her family and he/she should be assisted as needed in choosing a provider. The offering of a choice of provider must be documented.

Once a provider is chosen, the Waiver Tracking System must be updated to reflect the addition of the evaluation (\$30-one unit equals one evaluation). Once approved Physical Therapy Services Evaluation can be authorized using the **Authorization for Services MR/RD Form A-15 or A-16**. For recipients receiving MR/RD Waiver funded Residential Habilitation, Day Habilitation, Prevocation or Supported Employment, Physical Therapy Services Evaluation must be authorized using the **MR/RD Form A-16** which instructs the provider to bill the DSN Board for services rendered. The **MR/RD Form A-15** must be used for all other recipients. The **MR/RD Form A-15** instructs the provider to bill Medicaid for services rendered.

Once the evaluation is completed, therapy or the fabrication of splints/orthotics may be recommended. If therapy is recommended, the therapist should provide specific information about the goal of the therapy, the frequency with which it is recommended, and the expected duration. This information must be included in the recipient's plan and added to the Waiver Tracking System (\$15-one unit equals

15 minutes of service). After approval is obtained, the therapy can be authorized using the **Authorization for Services (MR/RD Form A-15 or A-16)**. The **MR/RD Form A-16** must be used for any recipient who receives Waiver funded residential habilitation, day habilitation, or prevocation. The **MR/RD Form A-16** instructs the provider to bill the DSN Board for services rendered. The **MR/RD Form A-15** must be used for all other Waiver recipients and instructs the provider to bill Medicaid for services rendered.

If the evaluation reveals the need for the fabrication of splints or orthotics, the plan and Waiver Tracking System must be updated as previously described and the **Authorization for Services (MR/RD Form A-15 and A-16)** must be completed as described above (see MR/RD form A-15 or A-16 for unit equivalency for these services. These amounts should be used when entering the request on the Waiver Tracking System.

If physical therapy services are being provided and consultation with the recipient, his/her family, teacher, residential staff or other people is needed, this can be funded through the Waiver. The need for the consultation must be documented in the plan and the Waiver Tracking System updated and approved, then the consultation can be authorized using the **Authorization for Services (MR/RD Form A-15 and A-16)** as described above.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Physical Therapy Evaluations and Services.

Physical Therapy Evaluation

- Within two weeks of completion

Monitorship of this service should occur with the individual/family and the service provider. Monitorship must include review of the evaluation report and notes completed by the provider. Some items to consider during monitorship include:

- What are the recommendations from the evaluation?
- If therapy is being recommended, is the person expected to increase his/her functional level or are the recommendations aimed at maintenance activities?
- Was any equipment, splints, etc. recommended?
- If therapy is being recommended, what amount is needed and how often?

Physical Therapy

- At least monthly for the first two months
- At least quarterly thereafter
- Conversation with recipient or family/caregiver at least every six months
- Start over with each new provider

Monitorship of this service may occur with the individual/family or service provider. Monitorship may also occur during review of evaluation reports or progress notes completed by the provider. Some items to consider during monitorship include:

- Are the types of activities that were recommended in the evaluation being completed with the individual?
- Are the therapy goals and objectives consistent with the individual's overall life goals?
- Is the individual satisfied with his/her current therapy?
- Does he/she feel that the provider is responsive to his/her needs?
- Does the individual appear to be making significant progress with therapy?
- Are goals/objectives amended as the individual's needs change?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # / / / / / / / / / /

Physical Therapy Services

_____ Evaluation: (one unit=1 evaluation)

_____ Therapy: Total Number of Units Per _____ to be Provided: _____
(one unit = 15 minutes) Start Date: _____

_____ Fabrication of (indicate number of units to be provided):

_____ Orthotic (six (6) units = one orthotic)

_____ Thumb Splint (five (5) units = one splint)

_____ Finger Splint (three (3) units = one splint)

_____ Consultation (one unit = one consultation)

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

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